



July 31, 2012

Managed Risk Medical Insurance Board
P.O. Box 2769
Sacramento, CA 95812-2769
Submitted electronically via hfptransition@mrmib.ca.gov

RE: Comments on the Managed Risk Medical Insurance Board's Draft Transition Plan for the Transition of Healthy Families Program Subscribers to Medi-Cal (July 18, 2012)

To Whom It May Concern:

The Community Clinic Association of Los Angeles County (CCALAC) is pleased to respond to the July 18, 2012 Draft Transition Plan for the Transition of Healthy Families Program (HFP) Subscribers to Medi-Cal (Draft Plan) issued by the Managed Risk Medical Insurance Board (MRMIB).

CCALAC represents 47 nonprofit community clinics and health centers (clinics) serving nearly 1 million patients at over 145 licensed sites throughout Los Angeles County (LA County). These clinics provide high-quality, cost-effective primary, dental, and specialty care as well as enabling services (i.e. translation, transportation services, smoking cessation classes) to nearly 1 million low-income, uninsured and underserved individuals and their families.

CCALAC has reviewed the Draft Transition Plan, and respectfully submits the following recommendations to better facilitate the transition of HFP subscribers into Medi-Cal. CCALAC's concerns have been largely informed by other similar efforts, including the transition of Seniors and Persons with Disabilities (SPDs) into managed care:

Give clear, targeted and timely notification to HFP members of Transition Plan

To ensure that HFP members are able to successfully transition to their new system of care, it is critical that they receive targeted, clear, culturally-appropriate and timely information on the transition.

- **Timely:** It is critical that beneficiaries get adequate notice prior to the transition. During the SPD transition, beneficiaries received minimal notification, or did not see the notification at all. Often, beneficiaries only learned that their provider had changed when they went to make an appointment or refill a much-needed prescription.
- **Clear:** Communications must be clear and appropriate for the population it intends to reach. The information sent to SPDs was lengthy and confusing to beneficiaries, and hence ignored. All written communication directed at beneficiaries be written for a low-literacy audience.
- **Targeted:** In addition to direct mail communications, HFP enrollees should receive notification through other targeted avenues such as telephone and through their current providers. MRMIB and

- health plans may wish to collaborate on identifying and delegating a range of outreach strategies to beneficiaries.
- **Culturally Appropriate:** In addition, we recommend that in the written letter (on page 10 of the Draft Plan), beneficiaries are informed of oral interpretation services and that they are available at all points during the HFP Transition, including assistance with health plan choice. Beneficiaries should know of this assistance and that it will be provided in any language at no cost as required by state and federal law.

Understanding that this is MRMIB's first, high-level Draft Plan for the HFP Transition, CCALAC looks forward to receiving more detail on MRMIB's communication strategy to ensure that families receive adequate, clear communication of all changes as a result of the HFP Transition.

Engage the entire spectrum of current and new providers in advance to facilitate a smooth transition

Past experience confirms that having the state only communicate directly with beneficiaries is ineffective. Since beneficiaries naturally make more frequent, local contact with providers, adequately engaging providers during the HFP Transition will be critical to ensure that clear and correct information is disseminated to HFP beneficiaries and that they are seamlessly transitioned into Medi-Cal.

- **Copies of Notices:** During the SPD transition, beneficiaries turned to their providers for clarification of recent changes related to their care and health care coverage status since literature sent from the state was difficult to understand. As we observed, not including the beneficiary's health care providers during the SPD transition led to much confusion for the beneficiaries and the providers who were absorbing responsibility for these new populations. The most effective approach is for providers or beneficiary advocates to directly communicate with the beneficiaries. Providers and beneficiary advocates must be sent copies of all notices that go out to beneficiaries.
- **Entire Spectrum of Providers:** CCALAC believes it critical to inform community clinics and health centers and public hospitals, as well as other major provider groups that are expected to be impacted (i.e. providers in the Medi-Cal plan contracts accepting patients, HFP providers that may no longer see beneficiaries because they do not contract for Medi-Cal) of the Member Notice process and progress of the HFP Transition.
- **Current and New Providers:** MRMIB and health plans must engage in significant outreach with beneficiaries' current and new providers and include them in the HFP Transition process, in order to ensure that clear, comprehensive, and correct information is disseminated to beneficiaries.
- **Advance Notice:** Providers must be informed about the finalized Transition Plan/Schedule well in advance of the transition.

Incorporate concurring dental systems changes to inform HFP Transition process

LA County's Medi-Cal dental system is undergoing its own transformation, due to a May 29, 2012 California Health Care Foundation's Center for Health Reporting article that highlighted shortcomings with the dental managed care system and dental care access for LA County children enrolled in Medi-Cal. In response, the state Department of Health Care Services (DHCS) has initiated a Stakeholder Process entirely focused on LA County. The purposes of the Stakeholder Group through this process is to: 1) identify barriers to dental care access for children and pregnant women enrolled in Medi-Cal's dental care system in LA County, and 2) identify and implement solutions to improve access to dental care for these children and pregnant women.

- **Utilize Stakeholder Process to Inform HFP Transition:** Since the system changes to be made as a result of the DHCS Stakeholder Process for LA County's Medi-Cal dental system will inevitably affect the transition of HFP beneficiaries into dental care, CCALAC encourages MRMIB to

participate in the Stakeholder Process. DHCS has already expressed its commitment to ensuring that LA County's Stakeholder Process will not only inspire appropriate improvements to the dental system but also inform the HFP Transition as it relates to dental benefits. CCALAC is confident that MRMIB will take away valuable information on concurring systems changes within LA County's Medi-Cal dental program that it can incorporate into its evolving HFP Transition process. Otherwise, CCALAC looks forward to the forthcoming detail on MRMIB's process with Maximus to transition LA County's HFP children as it relates to dental benefits.

Distribute a separate, low-literacy level member notice regarding dental benefit choices

With the many components and changes associated with the HFP Transition that beneficiaries need to be notified and aware of, it is important for MRMIB to generate a separate member notice for LA and Sacramento counties regarding dental benefit choices that is appropriately directed at a low-literacy audience in order to ensure that beneficiaries are clearly informed of their respective county-specific dental systems that they are expected to soon navigate.

- **Separate:** Since the Medi-Cal dental benefit package will be delivered to transitioning HFP beneficiaries either through LA County's Denti-Cal managed care or fee-for-service systems, MRMIB should generate at least one separate notice explaining LA County Denti-Cal's voluntary dental system and beneficiaries' options. The same should be done to explain Sacramento's unique dental system.
- **Low-Literacy Level:** The communication should include a simple, low-literacy explanation of the fundamental differences between receiving dental services through managed care versus fee-for-service.
- **Choices:** Transitioning HFP beneficiaries should be clearly informed that they can choose to select into managed care or fee-for-service and that if they opt for managed care, they can switch over to the fee-for-service dental system at any time.

Pilot test the MEDS Transactions to ease high volume of information technology work

The draft plan attempts to address potential glitches in the MEDS billing system by phasing in the transition of 880,000 children over the course of the year. However, the draft plan would start with the largest transition, 138,000 children per month the first month, and scale down with each subsequent quarter.

- **Ease high volume:** Due to the intensive nature of the information technology work involved in processing patient transactions to update MEDS as well as the health plan, dental plan and vision plan, MRMIB should urge Maximus to pilot test the MEDS transactions. This would help towards addressing technical glitches and gaps early on before endeavoring to process transactions for all HFP beneficiaries.

Conclusion

In summary, the Draft Plan is vague but provides a significant opportunity to anticipate and address the myriad of issues with the HFP Transition. CCALAC's member clinics continue to experience significant challenges with the transformation required in preparation for reform but remain committed partners in making expanded access, improved quality and better care coordination a reality for all LA County residents. CCALAC looks forward to working with the state, plan, and provider level to ensure that the HFP Transition is a success for all involved.

CCALAC appreciates the opportunity to comment on MRMIB's Draft Plan. If there are any questions regarding the above comments, please contact me at lmccarthy@ccalac.org or (213) 201-6500.

Sincerely,



Louise McCarthy, MPP
President & CEO

cc: Ernesto Sanchez, Deputy Director, Eligibility, Enrollment & Marketing Division, MRMIB